

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Freedom Coalition of Doctors for Choice

Plaintiff

v.

Centers for Disease Control and
Prevention et al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action

TO: Centers for Disease Control and Prevention

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

252250 Center Blvd, Ste. 104, Cedar Hill, TX 75104

CLERK OF COURT



Signature of Clerk or Deputy Clerk

DATE: 06/20/2023



Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Centers for Disease Control and Prevention
was received by me on *(date)* 6/20/2023.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/27/2023)
by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 41017

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Freedom Coalition of Doctors for Choice

Plaintiff

v.

Centers for Disease Control and Prevention et

al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action

TO: Centers for Disease Control and Prevention

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
- or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (500 S. Taylor Street, Suite LB238, Amarillo, TX 79101)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 06/20/2023

Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is designated
by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ other (specify) Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/27/2023)
by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 41017

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Freedom Coalition of Doctors for Choice

Plaintiff

v.

Centers for Disease Control and Prevention

et al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action

TO: Centers for Disease Control and Prevention

(These copies of the summons and complaint are to be sent by registered or certified mail to the Attorney General of the United States at 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001.)

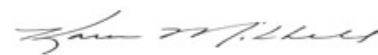
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 06/20/2023

Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is designated
by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ other (specify) Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/27/2023)
by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 4101725 Town C

Server's address

Additional information regarding attempted service, etc:

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Freedom Coalition of Doctors for Choice

Plaintiff

v.

Centers for Disease Control and
Prevention et al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action

TO: U.S. Department of Health and Human Services

A lawsuit has been filed against you.


Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 4101725 Town C

CLERK OF COURT



Signature of Clerk or Deputy Clerk

DATE: 06/20/2023



Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is designated
by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ other (specify) Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/26/2023)
by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 4101725 Town C

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the
Northern District of TexasFreedom Coalition of Doctors for Choice*Plaintiff*

v.

Centers for Disease Control and Prevention et

al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action**TO:** U.S. Department of Health and Human Services

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
- or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (500 S. Taylor Street, Suite LB238, Amarillo, TX 79101)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 06/20/2023

Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
 by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/26/2023)
 by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
 on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
 Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, Ste. 104, Crestview Hills, KY 41017

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Freedom Coalition of Doctors for Choice

Plaintiff

v.

Centers for Disease Control and Prevention

et al

Defendant

Civil Action No. 2:23-cv-00102-Z

Summons in a Civil Action

TO: U.S. Department of Health and Human Services

(These copies of the summons and complaint are to be sent by registered or certified mail to the Attorney General of the United States at 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001.)

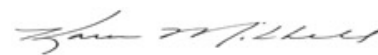
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John Sullivan
610 Uptown Boulevard, Suite 2000
Cedar Hill , TX 75104

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 06/20/2023

Civil Action No. 2:23-cv-00102-Z

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
 by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* Pursuant to FRCP 4(i), the Defendant was served by certified mail (signed for on 6/26/2023)
 by the agency; the Attorney General was likewise served via certified mail as required by FRCP 4(i) (signed for
 on 6/27/2023); and the U.S. Attorney for the Northern District of Texas was served by their agreement on 7/7/2023.
 Green cards and USAO/NDTX confirmation of service attached.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 7/14/2023



Server's signature

Christopher Wiest, Attorney for Plaintiffs

Printed name and title

25 Town Center Blvd, STE 104, Crestview Hills, KY 41017

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*Honorable J. H. Wells
US Pennsylvania Ave NW
Washington DC 20580*

9590 9402 7267 1284 7424 57

2. Article Number (Transfer from service label)
7021 2720 0001 3472 3939

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☒ UN 27 2023 ☐ Priority Mail Express®
☐ Adult Signature ☐ Registered Mail™
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail® ☐ Signature Confirmation™
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*US Dept of HHS
200 Independence Ave SW
Washington DC 20201*

9590 9402 7267 1284 7424 40

2. Article Number (Transfer from service label)
7021 2720 0001 3472 3915

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

X B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Priority Mail Express®
☐ Adult Signature ☐ Registered Mail™
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail® ☐ Signature Confirmation™
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*Honorable General J. H. Wells
US Pennsylvania Ave NW
Washington DC 20580*

9590 9402 7267 1284 7424 88

2. Article Number (Transfer from service label)
7021 2720 0001 3472 3892

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Wells* ☐ Agent ☐ Addressee

X B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Priority Mail Express®
☐ Adult Signature ☐ Registered Mail™
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail® ☐ Signature Confirmation™
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*US Dept. of Health
General Counsel
200 Independence Ave SW
Washington DC 20201*

9590 9402 7267 1284 7424 33

2. Article Number (Transfer from service label)
7021 2720 0001 3472 3908

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Wells* ☐ Agent ☐ Addressee

X B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type ☐ Priority Mail Express®
☐ Adult Signature ☐ Registered Mail™
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail® ☐ Signature Confirmation™
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery
☐ Mail Restricted Delivery

Domestic Return Receipt



THE UNITED STATES ATTORNEY'S OFFICE *for the*
NORTHERN DISTRICT *of* TEXAS

GEORGE M. PADIS, *Assistant United States Attorney*

1100 Commerce Street, Third Floor
Dallas, Texas 75242

Telephone: 214.659.8600
Facsimile: 214.659.8811

July 7, 2023

Christopher Wiest
Chris Wiest, Attorney at Law, PLLC
25 Town Center Blvd, Ste. 104
Crestview Hills, KY 41017
chris@cwiestlaw.com

Via email

Re: *Freedom Coalition of Doctors for Choice v. CDC et al.*, No. 2:23-cv-102-Z (N.D. Tex.)

Dear Mr. Wiest:

This letter confirms that on July 6, 2023, I accepted on behalf of the United States Attorney for the Northern District of Texas service of the summonses and complaint in the above-captioned action. *See* Fed. R. Civ. P. 4(i)(1)(A)(i).

Please note that my authority to accept service of process is limited to service on the United States Attorney for the Northern District of Texas, and I do not have authority to accept service of process on behalf of the Attorney General for purposes of Fed. R. Civ. P. 4(i)(1)(B).

Yours very truly,

LEIGHA SIMONTON
UNITED STATES ATTORNEY
GEORGE
PADIS

Digitally signed by
GEORGE PADIS
Date: 2023.07.07
09:03:08 -05'00'

George M. Padis
Assistant United States Attorney

CC: John Sullivan
Sarah Delaney